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PTO/SB/21 (09-04)

2 1 2005 E				U.S. Pi		4 A	E 11 C	ough 07/31/2006. OMB 0651-0031 DEPARTMENT OF COMMERCE plays a valid OMB control number.
	work Reduc	tion Act of 1995, no	o persons	Application Number	10/522,8	58		
TRANSMITTAL FORM			Filing Date	04/04/2005				
			First Named Inventor	Massimo Paladini				
	FUR	AI		Art Unit	1621			
				Examiner Name	Zucker,	Paul A.		
(to be used for all correspondence after initial filing)				Attorney Docket Number	CIO 002			
Total Number of Pages in This Submission 88  ENCLOSURES (Check all that apply)								
Fee Hansimitation  Fee Hansimita			equest for Relatio			Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below): substitute Specification, Showing Markings substitute Specification, Clean		
Certified Condition Document( Reply to Month Incomplete Reply to Month	(s) lissing Pa e Applicati	rts/ on sing Parts R 1.52 or 1.53	Rema	OF APPLICANT, ATTO	ORNEY.	OR AGE	ENT	
		SIGNA	TUKE	OF APPLICANT, ATT	JINIE 1,			
Firm Name	Serafi	ni Associat	es					
Signature haus A. Lushini								
Printed name Franco A. Serafini								
Date	10/18/2005 Reg. No. 52,207							
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on								
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Typed or printed name Franco A. Serafir							Date	10/19/2005

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PTO/SB/17 (12-04)

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OCT 21 2005 L Complete if Known Επεctive on 12/08/2004.

Energy control to the Consolidated Appropriations Act, 2005 (H.R. 4818). Effective on 12/08/2004. 10/522,858 **Application Number TRANSMITTAL** 04/04/2005 Filing Date For FY 2005 Massimo Paladini First Named Inventor **Examiner Name** Zucker, Paul A. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1621 TOTAL AMOUNT OF PAYMENT (\$) 180.00 ICIO 002 Attorney Docket No.

METHOD OF PAYMEN	IT (check al	that apply)					
Check Credit	Card	Money Order	None	Other	(please identify)	):	
	Deposit Account Deposit Account Number: Deposit Account Name:						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any	additional fee	(s) or underpay	ments of fee(s)	Cred	lit any overpay	ments	
under 37 CF under 37 cf	D 1 16 and 1	17					ovide credit card
Information and authorization	on PTO-2038	). 					
FEE CALCULATION							
1. BASIC FILING, SEA	RCH, AND	EXAMINATIO					
	FILING	FEES Small Entity	SEARCH	H FEES		TION FEES  Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES						Small Entity Fee (\$) Fee (\$)
Fee Description Each claim over 20 or, f	or Reissues	each claim o	ver 20 and m	ore than in	the original	patent	50 25
Each independent claim	over 3 or. 1	or Reissues.	each independ	lent claim n	nore than in	the original pa	tent 200 100
Multiple dependent clai		,	•				360 180
Total Claims	Extra Claim		Fee Pal	d (\$)		ependent Clain	
- 20 or HP = HP = highest number of tota	I claims paid fo	r if greater than 2	=		Fee (\$)	<u>Fee Pa</u>	aid (a)
Indep. Claims	Extra Claim			d (\$)	10/24/2005 N	NGUYEN1 00000	30, 10522858
- 3 or HP =  HP = highest number of inde	nondont claims	XX	er than 3				180.00 DP
3. APPLICATION SIZE		paid for, it ground		'	01 FC:1806		
If the specification an	d drawings	exceed 100 sh	neets of paper	, the applic	ation size fee	e due is \$250 (	\$125 for small entity)
for each additiona	l 50 sheets o	or fraction the	reof. See 35	U.S.C. 41(a	a)(1)(G) and	37 CFR 1.16(s	s).
Total Sheets	Extra She	<u>ets Nur</u> / 50 = _	nber of each a	idditional 50	or fraction to whole number	ereof Fee (	(\$) Fee Paid (\$)
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4. OTHER FEE(S)  Non-English Specif	Fication ©	130 fee (no sr	nall entity dis	scount)			i ecs Faiu (\$)
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Other. IDO							

SUBMITTED BY							
Signature	hous A, Luspi	Registration No. 52,207 (Attorney/Agent)	Telephone 858-456-2898				
Name (Print/Type)	Franco A. Serafini		Date 10/18/2005				

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